



NC LEARNING COMMUNITY  
Division of MH/DD/SAS

# Service Definition Orientation



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## State Plan Principles

- Consumer driven
- Community based
- Prevention focus
- Recovery outcome oriented
- Reflect best practices
- Cost effective



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## Benefit Design

- Required services – available to all consumers: screening, assessment, prevention, crisis
- Basic Benefit – outpatient therapy for individuals with less severe disabilities.



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## Benefit Design

- Enhanced Benefit – for persons with complicated, chronic disabilities. Target populations. All-inclusive services for MH/SA, Targeted Case Management and Developmental Therapies or CAP/MRDD Waiver for DD. Requires Person Centered Plan



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## Service Philosophy

- Consumers may access services through providers or LMEs - “no wrong door”
- Access must be available 24/7/365



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## Service Philosophy

- Treatment begins with first contact with provider. For persons receiving Enhanced Benefits, initial treatment occurs at the same time that a Diagnostic Assessment is ordered and Person Centered Planning begins.



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## Service Array Changes

- **"Paying for what works"**
  - Revised services reflect evidence-based best practices and emerging or promising practices – "paying for what works"
  - Evidence based best practices – documented to be effective in at least three controlled clinical trials.



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## Service Array Changes

- **Examples of evidence-based best practices:**
  - **ACT Team, medication management, supported employment, multi-systemic therapy, functional family therapy**



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## Service Array Changes

- **The services and the consumers who can benefit from each service have been designed based on national models documented by research.**
- **All services include "trigger points" at which utilization review occurs – not to limit services but to stop and assess whether service is working.**



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## Service Array Changes

- **"Model fidelity" key to evidence based best practices – is the provider actually delivering the service in the exact way the service definition states – the way the service has been proven to work.**



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## Service Array Changes

- **Enhanced services are agency based – not independent therapists**
- **Most services have minimum training requirements for providers – typically 20 hours training specifically on that service.**



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## Service Array Changes

- **All require providers to gain national accreditation within 3 years**
- **Most require provider to be 1<sup>st</sup> responder in crisis – 24/7/365**



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## Service Array Changes

- **Service goes to consumer.**  
Designed to be delivered where consumer is in their normal daily life – home, school, library, social events, jail



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## All consumers

- **Mobile Crisis Management**
- **Diagnostic Assessment**



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## Mobile Crisis Management

- **Team of clinicians that go to wherever consumer is in crisis.**
  - Nurse, LCSW, psychologist
  - SA specialist –CCS, CCAS, CSAC
  - DD professional
  - Access to psychiatrist



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## Mobile Crisis Management

- **Consumers served by Crisis Team**  
1<sup>st</sup> – Team develops crisis plan for future. Consumers already in service - team makes suggestions for changes to existing crisis plan
- **8 hours with no authorization, no more than 24 hours per episode**



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## Diagnostic Assessment

- **Intensive face-to-face evaluation**
- **Indicates whether person right for enhanced services – target population**
- **Provides background for development of Person Centered Plan**



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## Diagnostic Assessment

- **Explores history, strengths, concerns – for example, presenting problem, medical history, treatment history, recommendations for treatment**
- **2 clinicians – 1 must be MD, PA, Ph.D. psychologist, FNP**
- **1 Diagnostic Assessment/year without additional authorization**



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## Adult MH & SA Services

- Community Support (also Child)
- Community Support Team (not child)
- Assertive Community Treatment Team (not child)



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## Community Support

- Most misunderstood definition
- Very flexible – can be tailored to meet consumer/family needs
- Covers treatment and support
- Assists in building skills to live life of recovery. Goal: consumer lives as independently as possible. Builds skills to meet life goals – social, education, job, housing



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## Community Support

- Consumer works with 1 person at a time – but works with several workers over course of service.
- Professional
  - Helps to develop Person Centered Plan
  - Provides treatment – takes lead in crisis
  - Can work with consumer as they move to other services



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## Community Support

- Other staff – work with consumer on skill building and help coordinate other services
- Skill building can be individual or group
- 8 hours maximum per day, without additional authorization.



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## Community Support Team

- For consumers needing more service and support than Community Support
- Team of at least 3 people working with consumer at one time
- Same desired outcomes and flexibility as Community Support – just more intense
- Additional specific goal of reducing crisis episodes



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## Community Support Team

- Team led by professional, other two members may include a Certified Peer Support Specialist
- Minimum of 8 contacts in 1<sup>st</sup> month of service.
- No more than 8 hours/day without additional authorization



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## ACTT

- Evidence-based best practice. Only appropriate for approximately 10% of the adult severely mentally ill population
  - Frequent hospitalizations
  - Long-standing SA along with MI
  - High risk of criminal activity
  - Significant difficulty in meeting basic survival needs.



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## ACTT

- Must be faithful to proven model – specific people with specific qualifications have to be included (6-10 people total):
  - Team leader – masters' level clinician
  - Psychiatrist, RN
  - Other MH & SA professionals
  - Peer Support Specialist



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## ACTT

- Variety of face-to-face services – treatment, support, skill building, crisis prevention. ACTT designed to meet all needs of consumers served.
- Average of 3 contacts/week – more early on, less as consumer builds recovery



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## Other SA Services

- SA Intensive Outpatient (SAIOP) (Adult & Adolescent)
- SA Comprehensive Outpatient Treatment (SACOT) (Adult only)
- 4 levels of Detox
- 2 levels of non-hospital residential
  - Non-Medical – adolescents and women with children
  - Medical - adults



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## SAIOP (Adult & Adolescent)

- Structured program designed to begin recovery and learn skills for recovery maintenance
- Primary goal is abstinence
- Can be tailored to specific types of consumers:
  - Pregnant women. women with kids
  - Individuals with MH/SA, DD/SA
  - HIV positive



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## SAIOP

- Program includes individual and group & family counseling, drug screens, life skill building, crisis planning, disease management, skills for relapse prevention
- Participants may be living at home or in a residential setting but service must be delivered in a separate location.



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## SAIOP

- Delivered at least 3 hours/day, 3 days/week
  - No more than 2 days back-to-back
  - No more than 19 hours/week
- Authorized for up to 12 weeks, can extend for 2 additional weeks when necessary.



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## SAIOP

- Service lead by Certified Clinical Supervisor or Certified Clinical Addictions Specialist
- Other staff of mix of professionals
- Adult staff:consumer ratio no more than 1:12
- Adolescent ratio no more than 1:6



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## SACOT (Adult only)

- Very similar to SAIOP, but more intensive
- Operates at least 20 hours/week, minimum of 4 services/day, 5 days/week, no more than 2 consecutive days without service available.



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## SACOT

- Same staffing as SAIOP but with ready access to psychiatrist
- Consumer: staff ratio of 1:10
- No minimum or maximum length of stay, but reviewed every 30 days



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## Child MH & SA

- Intensive In-Home
- Multi-Systemic Therapy



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## Intensive In-Home

- Intensive family preservation service – designed to stabilize crisis, provide self-help and living skills training for youth, parenting training for family, work with caregivers to improve functioning and behavior.
- Team approach – at least 3 people, 1 licensed, 2 others – no more than 8 families/team



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## Intensive In-Home

- Service most intensive at beginning, less intensive as situation eases
  - Minimum of 12 contacts in 1<sup>st</sup> month
  - Average of 6 contacts in following months
- Tailored to each family's needs – never offered in a group setting



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## MST

- Multi-Systemic Therapy is an evidence-based best practice for youth 7 -17 years of age
  - Anti-social
  - Aggressive/violent behaviors
  - Criminal justice/juvenile justice issues
- MST designed to last 3 – 5 months
- Tailored therapy to meet specific issues – sexual abuse or aggression, SA, domestic violence



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## MST

- Team led by Master's level professional, 3 other professionals
- Team: family ratio 1:5
- Minimum of 12 contacts is 1<sup>st</sup> month, average of 6 in following months
- Maximum of 8 hours/day without additional authorization



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## DD Services

- State Plan
  - Targeted Case Management
  - Developmental Therapies
- New CAP/MRDD Waiver



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## Targeted Case Management

- Typical case management functions
- Agency providing case management to consumer may not provide any other services to that same consumer



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## Developmental Therapies

- Designed for skill building and to achieve goals
  - Children - self-help, language, cognitive development and social skills
  - Adults – self-care, self-advocacy, mobility, independent living, social skills



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## Developmental Therapies

- Cannot be used to teach specific job skills, for education, or to teach to play a sport
- Can be used to help consumer learn social skills needed on the job, behavior skills needed to succeed in school, social skills needed to pay sports



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## New CAP/MRDD Waiver

- State, consumers and families and providers have identified problems with current CAP/MRDD waiver:
  - Individual limitation on services - \$86,058 (hinders MRC downsizing efforts)



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## CAP/MRDD Waiver Services

- Personal Care – 2 levels
- Respite – 2 levels
- Residential Supports
- Home & Community Supports
- Day Supports
- Supported Employment
- Adult Day Health
- Equipment, Travel, Training



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## Personal Care

- Includes support, supervision and engaging participation in eating, bathing, dressing, and other activities of daily living.
- Person must be living in private residence – not AFL or licensed
- May not be provided by parents of minor child or by consumer's spouse
- May be provided by other family members or parents to adult child



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## Respite

- Designed to give periodic relief to family/primary caregiver.
- Must live at same residence as consumer
- May not be provided by anyone who lives in consumer's primary residence
- Only provided for the individual consumer



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## Residential Supports

- Includes habilitation and training AND personal care – mix of those depends upon consumer's needs
- Designed for consumers living in licensed facilities as well as unlicensed Alternative Family Living (AFL) homes.





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## **Residential Supports**

- **Intensity and duration each day based upon consumers needs**
- **May not be provided by consumer's immediate family**
- **Does not include room & board**



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## **Home and Community Supports**

- **Habilitation and training in skill building and skill maintenance**
- **Provided in consumer's home or in community settings in normal course of consumer's day**
- **"Home" portion may only be provided in private residence (non-AFL)**
- **"Community" portion may be delivered to individuals living in AFLs or licensed homes when they are out in the community during the day**



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## **Questions?**